

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
Initiative Monthly Report



Name of Committee Mississippi Horizon, Inc
Address 200 N Congress St. Ste 500 City/State/Zip Jackson, MS 39201
Telephone 601 948 1020 Fax _____ Email Address mshorizon@gmail.com
Director Nathan McMullen Treasurer Mary H Nicholas

☐ Check here if above is different from previous report

TYPE OF REPORT

October 2020 Monthly Report (due on or before the 10th day of following month) Mandatory
(Month)

____ Termination Report (Committee will no longer accept contributions or make campaign expenditures, has no outstanding debt obligation and zero cash on hand balance.)

Required to
terminate reporting
obligations

IMPORTANT

- (1) A political initiative committee which receives contributions and/or makes expenditures in excess of Two Hundred Dollars (\$200.00) in the aggregate shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own expends in excess of Two Hundred Dollars (\$200.00) in the aggregate for the purpose of influencing the passage or defeat of a measure must file campaign finance reports with the Secretary of State.
- (3) Initiative-related campaign finance reports must be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the \$200.00 aggregate contribution or expenditure limits. Campaign finance reports must continue to be filed until all contributions and expenditures cease. In all cases, a campaign finance report must be filed thirty (30) days following the election on the initiative measure.
- (4) The Secretary of State must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the report by 5:00 p.m. on the first working day *before* the deadline. Reports may be hand delivered to 401 Mississippi Street, Jackson, MS; mailed to P.O. Box 136, Jackson, MS 39205; faxed to (601)576-2545; or emailed to CampaignFinance@sos.ms.gov.

REPORTED CONTRIBUTIONS AND DISBURSEMENTS

	Itemized (+)	Non-Itemized (=)	This Period	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ <u>16,550</u>	\$ _____	\$ _____	\$ <u>22,300.00</u>
TOTAL AMT OF DISBURSEMENTS	\$ <u>30.60</u>	\$ _____	\$ _____	\$ <u>240.27</u>
CASH ON HAND BALANCE				\$ <u>22,059.73</u>

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Mary H. Nicholas
Signature of Director or Treasurer

11/16/20
Date

Authority: Miss. Code Ann. §23-15-801, et seq.

Penalties: Failure to timely submit required reports in accordance with applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for a maximum of ten (10) calendar days and/or prosecution in accordance with Miss. Code Ann. §§ 23-15-811 and 813.

Name of Candidate or Committee Mississippi HorizonReporting period Oct 1, 2020 through Oct 31, 2020

ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated ☐ Prior to January 1, 2018 or ☐ On or After January 1, 2018

A. Full name <u>Anedot</u>	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address <u>1340 Poydras Street, Suite 1770</u>	<u>10/24/20</u>	\$ <u>20.30</u>
City, State, Zip Code <u>New Orleans, MS 70112</u>	<u>10/23/20</u>	\$ <u>10.30</u>
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$ <u>101.90</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	<u> / / </u>	\$
City, State, Zip Code	<u> / / </u>	\$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	\$

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ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Clark Reed</u>	<u>10/1/20</u>	\$ <u>2000.00</u>
Mailing Address <u>PO Box 894</u>	<u>10/23/20</u>	\$ <u>2000.00</u>
City, State, Zip Code <u>Greenville, MS 38702</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Retired</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>4000.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mississippi Medical PAC</u>	<u>10/1/20</u>	\$ <u>10,000.00</u>
Mailing Address <u>PO Box 2548</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Ridgeland, MS 39158</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>NA</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>NA</u>	Aggregate year-to-date	\$ <u>10,000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jerry St. Pe</u>	<u>10/2/20</u>	\$ <u>500.00</u>
Mailing Address <u>10003 Washington, Ave</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Pascagoula, MS</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>Retired</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>500.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Randy Eastling</u>	<u>10/21/20</u>	\$ <u>500.00</u>
Mailing Address <u>1007 Tiffintown Road</u>	<u>___/___/___</u>	\$
City, State, Zip Code <u>Vicksburg, MS 39183</u>	<u>___/___/___</u>	\$
Name of Employer (Required) <u>West MS Medical Services</u>	<u>___/___/___</u>	\$
Occupation (Required) <u>Physician</u>	Aggregate year-to-date	\$ <u>500.00</u>

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A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>Sonia Hancock</u>		<u>10/23/20</u>	\$ <u>250.00</u>
Mailing Address <u>PO Box 10</u>		<u> / / </u>	\$
City, State, Zip Code <u>Mise, MS 39116</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Retired</u>		<u> / / </u>	\$
Occupation (Required) <u>Retired</u>		Aggregate year-to-date	\$ <u>250.00</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>Friends of Mike Ezell</u>		<u>10/21/20</u>	\$ <u>1000.00</u>
Mailing Address <u>1624 Rosewell St.</u>		<u> / / </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39581</u>		<u> / / </u>	\$
Name of Employer (Required) <u>NA</u>		<u> / / </u>	\$
Occupation (Required) <u>NA</u>		Aggregate year-to-date	\$ <u>1000.00</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name <u>Gregory Cronin</u>		<u>10/19/20</u>	\$ <u>300.00</u>
Mailing Address <u>105 Surgeres</u>		<u> / / </u>	\$
City, State, Zip Code <u>Pascagoula, MS 39581</u>		<u> / / </u>	\$
Name of Employer (Required) <u>Citizens Bank</u>		<u> / / </u>	\$
Occupation (Required) <u>President</u>		Aggregate year-to-date	\$ <u>300.00</u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan		Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify)			
Full name		<u> / / </u>	\$
Mailing Address		<u> / / </u>	\$
City, State, Zip Code		<u> / / </u>	\$
Name of Employer (Required)		<u> / / </u>	\$
Occupation (Required)		Aggregate year-to-date	\$